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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER		2. DATE
The Hamlin County Republican		9-15-16
3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE $
weekly	50	35

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
123 E. Main St., PO Box 50 Castlewood, SD 57223

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
same as above

6. FULL NAME OF PUBLISHER: LeeAnne Dufek

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Hamlin County Publishing Inc.	PO box 50 Castlewood, SD 57223

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.
none

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	550	550
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	100	100
2. Mail Subscription (Paid and or requested)	368	377
3. Paid Electronic Copies	11	11
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	479	488
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	9	9
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	488	497
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	62	53
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	550	550

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

LeeAnne Dufek (Signature)

Owner (Title)

State of South Dakota)
§
County of _____)

Sworn to before me this 16 day of September, 2016

Heather Schmit
Notary Public

My commission expires: _____

(Seal)

HEATHER SCHMIT NOTARY PUBLIC Seal STATE OF SOUTH DAKOTA

My Commission Expires October 9, 2019.

Form: SOS REC 051 9/2016

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Hamlin County Publishing, Inc.
123 E. Main St.
P.O. Box 50
Castlewood SD 57223

Stockholders: LeeAnne Dufek 100%

My Commission Expires
October 9, 2019.